

Biog

swallow but little over a century ago. I have in my possession an old chemist's bill which I have brought with me. You will see that it ran from October 26, 1728, contains 13 pages, with 638 items, and amounted to £71 13s. 1d., which sum was paid—grim irony—by the patient's executors, on August 20, 1730.

Will the therapy of 1913 afford as much amusement to the doctors of 2013?

John Avery (1807-1855).

By MACLEOD YEARSLEY, F.R.C.S.

THE surgeon whose portrait I am about to show you is one who, when he died at the comparatively early age of 48, had already merited the description accorded to him by the *Lancet* of March 24, 1855, of a "much respected and eminent member of our profession." He is well-nigh forgotten now, but that he deserves to be remembered will, I hope, be apparent from the following short sketch of his all too brief life. From the obituary notice in the *Medical Directory* for 1856 it appears that John Avery was born in 1807, became M.R.C.S.Eng. in 1829, M.D.Paris in 1831, and received the honorary F.R.C.S. in 1843. He began his professional career as a pupil of William Cother, who was one of the surgeons to the Gloucester Hospital, the other surgeon being Robert Fletcher, whose daughter married my relative Dr. James Yearsley, the aural surgeon. Avery later came to London and entered St. Bartholomew's Hospital, where, his biographer says, he "laid the foundation of that distinction as an operating surgeon which he afterwards reached. Unless Mr. Avery had been an excellent anatomist, he never could have adventured on those nice and difficult operations on the palate which have identified his name with some of the important improvements in modern surgery."

After receiving his diploma he continued his studies in Paris and, after taking the M.D. of that University, he, being possessed of an ample fortune, travelled through the various countries of Europe. Whilst he was in Italy war was raging in Poland, and, seeing an excellent field for surgery, he entered the Polish service, and was immediately appointed surgeon-in-chief to a Polish ambulance. He was, however, taken prisoner, his baggage and papers were seized, and

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enigmas; and hence the most valuable lives may be left at the mercy of a giddy or an ignorant boy." Possibly you will think with me that, even with a clearly written prescription, the most valuable lives were in danger from the treatment.

It is an interesting little book to glance through, for it contains a certain amount of sound advice mingled with much fantastic pharmacy. For instance, in dealing with the treatment of pulmonary tuberculosis, an easily digested diet and pure dry air are insisted upon, combined with a balsamic pill and an expression of millipedes! Among the pharmaceutical agents mentioned as ingredients in these "elegant prescriptions" are emetic tartar, wormwood, calx of antimony, Glauber's salt, saffron, nitre, dragon's blood, steel filings, zedoary, colcothar of vitriol, diascordium, prepared oyster shells, assafoetida, musk, valerian, confection of Paulinus, pill of Rufus, and many others.

For "Chorea Sancti Viti, or St. Vitus's Dance, which is a convulsive disease, probably owing to worms," anthelmintic remedies are advised. Hence Dr. Smith recommends a preliminary emetic of ipecacuanha, followed by a powder of mosaic gold and rhubarb, or filings of tin and conserve of rue, or $\frac{1}{2}$ to 2 dr. of tincture of soot, three times a day, "in any agreeable liquid." "If the disease should not yield to the above, the cold bath and chalybeates will most probably effect a cure."

For intermittent fever Peruvian bark is recommended, preceded by an emetic or aloes and rhubarb.

But the gem of the whole series is the description of "Peripneumonia Notha," which, we are told, has its origin "from a weakened and relaxed state of the vessels of the lungs, and a pituitous lentor, or glutinous disposition of the fluids stagnating in, and obstructing the vessels and glandular follicles," a truly illuminating exposition of the pathology of this disease. Among the prescriptions advised for this evidently serious disorder is the following: "Live Hoglice, one ounce; bruise them and gradually pour upon them old Rhenish wine, Spirituous Cinnamon Water—each three ounces. Having obtained a very strong expression—we are not told whether from the hoglice thus maltreated, or the patient expected to swallow the concoction—add, Antimonial Wine, two drachms; Syrup of Squills, half an ounce. Mix, and take a third part thereof every six hours."

I may mention that "prepared hoglice" are also recommended for the treatment of scrofulous or strumous affections in children.

It is remarkable what a number of filthy decoctions people could



being unable to communicate with his friends he, for many months, to quote his own story, "experienced the novelty of living on tenpence a day." On his release he returned to London and began practice as a consulting surgeon, which, as the quaint early Victorian phraseology of the obituary notice says, "is one of the paths to fame which none but a man of high resolve and immovable patience would select." He became Surgeon to the Charing Cross Hospital, his senior colleague being Mr. Hancock.

He was endowed with considerable mechanical talent, as evidenced by his invention of a lamp "for the examination of the outer passages of the body." This lamp is depicted in the portrait I am about to show you, and for it he received two medals, one from the Prince Consort, as President of the Society of Arts, the other from the Great Exhibition of 1851. The latter I now possess and show here.

The *Lancet* remarks that "by means of his lamp and tubes, and reflectors, he was able to examine the ear, urethra, bladder, œsophagus, and larynx, as probably no surgeon had ever examined them before him," a remark which is of particular interest in the light of modern instruments for these examinations. The portrait which I now show is one painted on ivory and shows John Avery with his lamp beside him.

Avery was especially distinguished as a careful and expert operator, cool and wary, and particularly skilful at cleft palate operations. He originated an improved method of dissecting the soft palate away from the vault of bone, and uniting the flaps thus obtained in the centre. He also made improvements in the exploration and treatment of stricture, but most of his work died with him, as he wrote very little; indeed, save for a few cases reported in the *Lancet*, his only published work that I have been able to find is a paper in the *Lancet* for September 21, 1850, entitled "Illustrations of the Successful Treatment of Cleft Palate by the Division of the Levator Palati, Palatopharyngeus, and sometimes the Palato-glossus Muscles." He appears to have taken great delight in his work, and the notice from which I have already quoted says, "A handsome stump, a symmetrical fracture, an effaced hare-lip, a cleft palate restored, a stricture relieved, would give him the most heartfelt satisfaction."

His private practice does not, however, seem to have been enormous, for the *Medical Directory* notice remarks: "Mr. Avery's practice was not extensive, and for this various reasons may be assigned. In the first place, the time which he had been before the profession was comparatively short, and no man can acquire a large amount of consultation

practice in this metropolis who has not served a long apprenticeship to popularity ; in the next place he was a man of such high honour and sensitiveness of disposition that he retreated from and repudiated the arts which other successful surgeons have not disdained to use in order to fix the unstable confidence of the public." Perhaps this is why the *Lancet* tells us, "Enemies he had none." No doubt, had he lived he would have taken one of the first places among contemporary scientific surgeons. He is described as a delightful social companion and a true friend. What better epitaph can a man require ?

The illness from which he died in 1855 began in the spring of 1853 with obscure gastric symptoms, violent vomiting after food and pain, only allayed by inhaling chloroform, of which he used 3 to 4 oz. daily for weeks. He died practically of starvation on March 5, 1855, when the autopsy showed a sound stomach whilst the lungs were riddled with old and recent tubercle which had been undiagnosed during life.

From all accounts John Avery appears to have been a surgeon worthy of remembrance, and it is on this account that I have ventured to bring him to your notice. To quote once more from his obituary notice, "There have been few surgeons who have passed through life with more general affection, or whose death has been lamented with a more sincere regret."